An 81-year-old diabetic woman had been hospitalized for a hepatic abscess that grew *Streptococcus anginosus*. A drain was placed, and she was given broad-spectrum antibiotics. She was discharged to a long-term-care facility on intravenous ceftriaxone. Four weeks later, she was found to have a pleural effusion on a chest X-ray examination. The pleural fluid was cloudy, with 59 nucleated cells/μl (66% lymphocytes, 25% neutrophils, and 9% macrophages). The causative agent was seen in a Wright-stained cytospin preparation of the pleural fluid (Fig. 1).

FIG 1 Photomicrograph of Wright-stained cytospin preparation of the pleural fluid showing neutrophils and intracellular and extracellular elongated structures. Some of the extracellular elongated structures seem to be in tandem, and the attached edges appear pinched.

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